



DOCUMENTATION REQUEST FOR PSYCHOLOGICAL CONDITION

I, _____, am requesting accommodations due to my medical condition/disability with respect to my employment at Delaware Technical & Community College. The accommodations will be based on the nature of the disability (defined as an impairment that substantially limits one or more major life activities) as it impacts my ability to perform the essential functions as set forth on the attached job description. Please provide the information requested by mail at the following address: _____

_____ _____ _____
Date Employee Signature Date of Birth

Axis I Diagnosis _____

Axis II Diagnosis _____

Date of Onset _____ Date of Last Visit _____

Please describe the functional limitations/behavioral manifestations that impact on the person's ability to conduct major life activities.

Please describe any limitations on the person's cognitive abilities due to the medical condition.

(over)

Please describe any side effects of prescription medication that may interfere with the employee's ability to perform the job functions attached hereto.

Medication	Effects
_____	_____
_____	_____
_____	_____
_____	_____

If this is a chronic condition, please describe frequency of episodes, if known.

What is the expected progression or stability of the diagnosis?

Please include any other information which you believe would be useful in determining appropriate assistance for this person in a job setting.

If you would prefer to do so, you may provide this information in narrative form on your office letterhead.

(Please print)

Provider name: _____ Title: _____ License #: _____

Address: _____

Phone: _____ Fax: _____

Provider Signature: _____ Date: _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.